

## **Day Habilitation**

**Definition:** Day habilitation is assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, which takes place in a non-residential setting, separate from the home and facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

**Providers:** Day habilitation services are provided through facilities that are licensed by SCDDSN. Typically these facilities are Child Development Programs or Adult Activity Centers.

**Arranging for the Service:** Contact your supervisor for your board's policy/procedure for enrollment in Child Development Program (CDP) or Adult Activity Centers (AAC) operated by your agency.

When you determine a recipient needs Day Habilitation Services they should be given a choice of providers of this service and the offering of choice must be documented. The recipient and/or his/her family/guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the recipient and/or his/her legal guardian and documented.

Prior to adding Day Habilitation to the Waiver Tracking System, you must first ensure the service is included on the STS. If day habilitation is not already on the STS you cannot add it to the Waiver Tracking System. In addition, the funding for day services must be updated prior to adding it to the budget. To make this change proceed to the services menu on the STS (**SVMEN**). Select **CHGAT** and enter SSN in Key 1 position. The day service that the individual is receiving will be displayed along with the activity type (prevocational or day) and how it is currently being funded. Enter the effective date (which is the enrollment date/budget begin date) and change the funding to Waiver ("**W**").

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the service to the Waiver Tracking System. Once the request is approved, Day Habilitation Services can be authorized using the **Authorization for Services (MR/RD Form A-6)**. The **MR/RD Form A-6** authorizes the Day Program to bill the local DSN Board provider for services rendered.

For individuals currently attending and determined to need the kind of assistance described in the Day Habilitation definition, **his/her plan must clearly reflect the specific assistance** to be provided and the amount and frequency with which it will be provided. Some examples of this assistance include training to learn to manage his/her own behavior, training to learn to dine independently, assistance with completion of exercises recommended by an Occupational or Physical Therapist, training to learn to interact appropriately with others, etc. For Day Habilitation, one unit equals one day as indicated by the individual's presence or absence as noted on the CDP or AAC roll book.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units

authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Day Habilitation Services:

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or location

Monitorship of this service may occur during contact with the individual/family or the provider of services. It may also occur during review of written documentation such as daily logs of objectives and/or formal professional assessments. Some items to consider during monitorship include:

- Is the individual satisfied with his/her daily activity? Does the individual enjoy the work?
- Is the individual satisfied with the provider of his/her service?
- What type of training is the individual receiving? Is the individual satisfied with the training?
- Are the training areas consistent with the individual's overall goals, wants and desires?
- Is the individual making progress in training areas identified by goals and objectives? If not, are goals and objectives reviewed and amended as needed?
- What contract is the individual working on? Is the work consistent with the training objectives?
- Does the individual earn a competitive wage?
- Where does the individual want to work?
- Is the workshop clean and safe?
- What is the individual's attendance?
- What are the opportunities for choice given to the individual?
- Does the individual feel comfortable with staff?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO DSN BOARD**

**TO:** \_\_\_\_\_  
\_\_\_\_\_

**RE:** \_\_\_\_\_  
**Recipient's Name / Date of Birth**

\_\_\_\_\_  
**Address**

**Medicaid #**    /    /    /    /    /    /    /    /    /    /    /    /

*You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

**Day Habilitation:**

Number of Units Per Week: \_\_\_\_\_ (one unit = 1 day)

Service coordinator/early interventionist:    Name / Address / Phone # (Please Print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing Services

\_\_\_\_\_  
Date